

# State of Connecticut

GENERAL ASSEMBLY



## PERMANENT COMMISSION ON THE STATUS OF WOMEN

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### Testimony of Natasha M. Pierre Associate Legislative Analyst The Permanent Commission on the Status of Women Before the Labor and Public Employees Committee Tuesday, February 15, 2005

**In Support of:**  
**SB 1018, AAC Family and Medical Leave**  
**HB 5404, AA Permitting Family and Medical Leave for Care of an Adult Child**

Good afternoon Senator Prague, Rep. Ryan and members of the Committee. My name is Natasha Pierre and I am the Associate Legislative Analyst for the Permanent Commission on the Status of Women. Thank you for this opportunity to testify in favor of **SB 1018, AAC Family and Medical Leave** which would allow state employees to use up to two weeks of accumulated sick leave for family and medical leave purposes, and **HB 5404, AA Permitting Family and Medical Leave for Care of an Adult Child**, which would allow parents to use family and medical leave to care for adult children who have serious health conditions.

As you are aware, the PCSW has long supported paid family and medical leave proposals. We have done so because society and the labor force have changed so that balancing the needs of work and family is now a priority for most workers.

We held two events this year – a public hearing in New London in December and a panel discussion on our annual Making Women Visible Day earlier this month, and found that Connecticut residents are desperately trying to figure out how they can balance their familial and work responsibilities with limited resources. We have prepared a report from these discussions, entitled *Balancing Work and Family: A Connecticut Solution*, summarizing the needs of Connecticut residents and possible solutions. A copy of the report is included with our written testimony.

Two significant demographic changes in the latter half of the 20<sup>th</sup> century have made the need to implement better work and family policies more urgent: the rapid increase in the number of working mothers in the paid labor force, and the aging of the general population (particularly in Connecticut). However, many workplaces are still structured on the out-dated assumption that a full-time homemaker is available to take care of family needs.

In the majority of American households, there is no “stay-at-home” adult to take care of family needs. Whether there is a single parent or two parents in the home, they are most often out of the home working. More than 1 in 3 families need at least 2 weeks each year to care for an ill family member; 1 in 4 families need at least 3 weeks each year.<sup>1</sup> The U.S. Department of Labor found that more than three in four employees who needed but did not take leave cited lost wages as the primary reason. And when employees choose to take time off from work to care for their sick children, they sometimes experience a negative response from their employers. As many as 24% of employed parents report that they face problems at work when they have to care for a sick child.<sup>2</sup>

Additionally, our population is also aging and more employees are finding themselves to be members of the “sandwich generation.” Such workers need family and medical leave to care not only for children and spouses, but also for elderly relatives. Between 1990 and 1995, the percentage of Americans 65 years or older more than tripled- from 4.1% in 1990 to 12.8% in 1995.<sup>3</sup> This number is expected to continue to increase, with one in five people being 65 years of age by the year of 2030.<sup>4</sup> According to the 2000 census 13.8% of the total population was 65 years or older (approximately 480,700), as compared to the national average of 12.4%.<sup>5</sup> Older people increasingly rely on family members’ care for help with routine medical care and other important needs such as inspecting a nursing home. In 1996, approximately 22.4 million U.S. households, nearly one in four, were providing informal care to a relative or friend age 50 or older.<sup>6</sup>

We applaud this committee for extending FMLA to adult children as well because as many of you know parenthood does not end at the age of 18 or 21, and parents may be in the position of having to care for seriously ill adult children, who are not otherwise categorized as a dependent.

Inadequate work and family policies hurt all of us, but they particularly harm children and other dependent family members. These proposals will assist families to care for family members and add some protection against loss income. We thank you for your attention and urge your support of these proposals.

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<sup>1</sup> S. Jody Heymann, Harvard School of Public Health study, 1996

<sup>2</sup> National Partnership for Women & Families, *Family Leave for More Family Needs* fact sheet, available at <http://www.nationalpartnership.org>.

<sup>3</sup> Family Caregiver Alliance, *Fact Sheet: Selected Caregiver Statistics*, 1995.

<sup>4</sup> Family Caregiver Alliance, *Fact Sheet: Selected Caregiver Statistics*, 1995

<sup>5</sup> 2000 U.S. Census Bureau. *Connecticut Quick Facts*, available at <http://quckfacts.census.gov>.

<sup>6</sup> National alliance for Caregiving & American Association of Retired Persons, *Family Caregiving in the U.S.* (June 1997).

